

TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdir.texas.gov ● csboiler@tdir.texas.gov

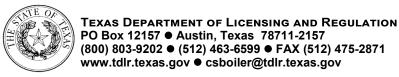
BOILER INSPECTOR COMMISSION — EMPLOYER CHANGE APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH. TDLR.

- 1. <u>NAME</u> Write your legal name as it will appear on your license. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
- 2. <u>DATE OF BIRTH</u> Write your birthdate.
- 3. GENDER Select whether you are male or female.
- 4. TEXAS COMMISSION NUMBER (TCN) Enter your Texas Commission Number.
- MAILING ADDRESS Write your current mailing address. This is the address where we will send you mail. This
 address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently
 and accurately.
- PHONE NUMBER -- Write a phone number, including the area code, where we can reach you during the day. This
 may be your office phone number where we can leave a message.
- 7. <u>EMAIL ADDRESS</u> Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
- 8. STATEMENT OF APPLICANT Carefully read the statement of applicant before you sign and date your application.
- 9. EMPLOYER'S STATEMENT This section must be completed by your authorized inspection agency employer.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297,** http://www.tgslc.org or email: cust.assist@tgslc.org.



BOILER INSPECTOR COMMISSION — EMPLOYER CHANGE APPLICATION

SUBMIT THIS FORM TO NOTIFY THE DEPARTMENT OF AN EMPLOYMENT CHANGE AND TO RECEIVE AN UPDATED LICENSE ALL INFORMATION MUST BE TYPED OR PRINTED APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE) 1. Name: Middle Name Suffix 2. Date of Birth: 3. Gender: □ Female Month 4. Texas Commission Number: **5. Mailing Address:** (PO box can be used for this address) Number, Street Name, Suite Number/Apartment Number 7. Email Address: 6. Phone Number: Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information) STATEMENT OF APPLICANT By signing and submitting this application, I certify that information submitted on this and any attached documents is true and correct. I further certify that I have read and will comply with all applicable provisions of the Texas Health and Safety Code, Chapter 755; the Boiler Administrative Rules, 16 Texas Administrative Code, Chapter 65: Texas Occupations Code, Chapter 51; and the Texas Commission of Licensing and Regulation Administrative Rules, 16 Texas Administrative Code, Chapter 60. I understand that providing false information on this application may result in revocation, suspension, and/or denial of the commission I am requesting and the imposition of administrative penalties and sanctions. Date Signed Signature of Applicant **EMPLOYER'S STATEMENT** This section must be completed for all applicants by the employer First Day of Applicant's Employment by this Authorized In-I certify that this applicant will be engaged in the following type(s) of inspection activities while under my supervision: spection Agency: ☐ Inservice ASME New Construction Name of Authorized Inspection Agency: **Inspection Organization Number Assigned by TDLR:** Supervisor's Title: Supervisor's Name: (print name) Supervisor's Telephone: (Supervisor's Fax: (Supervisor's Email Address: See instruction sheet # 7 for disclosure information On behalf of this Authorized Inspection Agency, I hereby certify that this applicant is employed by this inspection agency. If this commission is issued and if the employment relationship ends, I certify that I will notify the Texas Department of Licensing and Regulation in writing within two business days and will return this applicant's identifying commission card to the department within 30 days. Supervisor's Signature: Date Signed